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APPLICANTS

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** CONTINUING DATA ***** None (M.H.)

** FOREIGN APPLICATIONS ***** Yes (M.H.)

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	M.H. Examiner's Signature Initials	JAPAN	91	34	10

ADDRESS

KENYON & KENYON
 1500 K Street, N.W., Suite 700
 Washington , DC
 20005

TITLE

Zoom lens and electronic imaging apparatus having the same

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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